

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 12, 2003

ALL COUNTY INFORMATION NOTICE NO. I-55-03

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FOSTER CARE SUPERVISORS
ALL COUNTY FOSTER CARE EDUCATION PROJECT COORDINATORS
THE CHANCELLOR'S OFFICE OF CALIFORNIA COMMUNITY COLLEGES
CALIFORNIA STATE FOSTER PARENT ASSOCIATION
CALIFORNIA STATE CARE PROVIDERS ASSOCIATION
COUNTY AB 2129 PROJECT COORDINATORS
THE FOSTER CARE EDUCATION COORDINATORS OF THE
CALIFORNIA COMMUNITY COLLEGES
COMMUNITY CARE LICENSING COUNTY LIAISONS
ALL COUNTY FISCAL OFFICERS
CALIFORNIA STATE OFFICE OF THE FOSTER CARE OMBUDSMAN

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by
One or More Counties
- ☒ Initiated by CDSS

SUBJECT: RESOURCE FAMILY RECRUITMENT, TRAINING AND RETENTION
ANNUAL YEAR-END REPORTING TOOL

The purpose of this All County Information Notice is to provide counties the reporting tool for completing the annual year-end report for State Fiscal Year 2002/03. The reporting tool formerly known as Foster Parent Recruitment, Training and Retention Annual Year-End Report has been renamed, and reformatted to improve accuracy, administrative ease, and clarity. The annual year-end report was initially developed in 2001 to replace the requirement of submitting an annual county plan in order to claim the Welfare and Institution Code Section 903.8 (Assembly Bill [AB] 2129, Chapter 1089, Statutes of 1993), Foster Parent Training and Recruitment allocation.

Please note, the annual year-end report is to be completed and submitted by the County Welfare Departments (CWD) online by **October 31, 2003**, followed-up by a hard copy of the signature page only. The signature page *must* be forwarded under the signatures of the CWD Director, the Foster Parent Advisory Committee, and the Foster Care Education Coordinator.

This will ensure the continued collaborative efforts among the above entities. The hard copy of the signature page only should be forwarded to the following address:

**California Department of Social Services
Recruitment Network Development Unit
Attention: Vebra Switzer
744 P Street, MS 14 - 78
Sacramento, California 95814
Email Address: Vebra.Switzer@dss.ca.gov**

The reporting tool may be accessed at www.dss.cahwnet.gov/dssdb/surveys_1429.htm from the California Department of Social Services' website. Counties that are not able to submit the report online may complete the enclosed hard copy. You *must* mail the entire report with all three signatures to the address above.

Once the data is received, it will be analyzed and compiled into one report for county distribution. Should you have any questions, feel free to contact Robert Markell, Chief, Foster Care Support Services Bureau at (916) 657-7465 or your staff may contact Vebra Switzer, Program Consultant, Recruitment Network Development Unit at (916) 654-2572.

Sincerely,

***Original Document
Signed By***

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

Enclosures

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CHILD AND YOUTH PERMANENCY BRANCH**

**RESOURCE FAMILY RECRUITMENT, TRAINING
AND RETENTION ANNUAL YEAR-END REPORTING TOOL
STATE FISCAL YEAR (SFY) 02/03
(July 1, 2002 through June 30, 2003)**

INSTRUCTIONS



BACKGROUND AND INSTRUCTIONS

GENERAL CONTACT INFORMATION

The California Department of Social Services (CDSS), Data Systems and Survey Design Bureau (DSSDB), is administering this online Annual Year-End Reporting Tool (hereinafter referred to as Report) to gather important information for CDSS' Child and Youth Permanency Branch (CYPB). The Report is to be submitted online and followed-up by mailing a hard copy only of the signature page to the address specified at the end of the Report. Counties that are not able to submit the Report online may complete the Report attached to the All County Information Notice (ACIN) and mail it to the address provided. If you have questions regarding technical assistance that is related to electronic submission of the Report, please contact Tom Nguyen, DSSDB, at (916) 654-1234. All other questions related to the completion of the Report should be addressed by the CYPB. Please contact Vebra Switzer, CYPB, at (916) 654-2572.

BACKGROUND

Former Report (2002)

This Report was initially developed in 2001 to replace the annual county plan that was submitted to CDSS to claim Foster Parent Training and Recruitment allocations pursuant to Welfare and Institution Code Section 903.8 (Assembly Bill 2129, Chapter 1089, Statutes of 1993). Additionally, the Report was used to gather pertinent information to prepare for federal reviews regarding California's child welfare services activities. The 2001 version of the Report was sent out in 2002 to collect crucial information regarding child welfare services program data and accomplishments achieved during State Fiscal Year (SFY) 01/02.

Current Report (2003)

The current online version of the Report was developed to improve accuracy, administrative ease, and clarity, and to reflect current policy mandates and program philosophies. Questions have been restated, reformatted, and reorganized. Some questions have been completely deleted if the information requested is available from another source. Obsolete terms have been replaced to represent current child welfare service program policies and philosophies.

Explanation of Current Terms

Resource Families: *A review of literature demonstrates that foster and adoptive parents and kin families have been found to be the same population.* In recognition of this, foster and adoptive parents and kin families are now referred to as “resource families.” The term “resource families” also embraces the tenets of concurrent planning.*

Redefinition of Infants, Teens, and Adolescents by Age: *Descriptions of children in the child welfare system have been defined and grouped by age categories to aid in placements that more appropriately meet their developmental age needs as follows:*

- ✓ **Infants:** *Birth to Age 5.*
- ✓ **Children:** *Ages 6 to 12*
- ✓ **Adolescents:** *Ages 13 to 15*
- ✓ **Youth:** *Ages 16 to 18*

Note: These definitional descriptions are only to redefine developmental age categories. They are not in any way intended to replace the assessment of placement needs based on other critical factors. Additionally, the term “children” continues to be used in the general sense when it is not used specifically for the identification of placement categories.

State Fiscal Year (SFY): *The SFY begins July 1 and ends June 30. This Report is for SFY 02/03 which covers the period of July 1, 2002 through June 30, 2003.*

* Annie E. Casey Foundation, **Family to Family** initiative literature (1993).

SUMMARY OF REPORT

Part A – Recruitment, Training and Retention Funding Sources For Resource Families

This section is intended to determine the amounts actually expended from all funding sources for SFY 02/03. The expended amounts reported are to include the total state and federal funding matches for each funding source item for the SFY. This section also includes two funding-related questions which are intended to provide the number of resource families that the county was able to sponsor financially to attend state and/or federal conferences related to child welfare services, and the number of resource families that used Kinship Emergency funds.

Part B – Staff Designated To Recruitment of Resource Families

This section is intended to gather information about the various job types the county used for the recruitment of prospective resource families and the amount of hours that were designated for recruitment purposes. The section also identifies if the county used county, contract, and/or volunteer staff for their recruitment efforts and whether bilingual staff was available.

Part C – Resource Family Recruitment Methods

This section is intended to gather information regarding the various methods the county used to recruit resource families and to identify the effectiveness of these methods. The first segment identifies the techniques the county used to advertise for the recruitment of prospective resource families with the intent of rating their effectiveness. The middle segment identifies whether counties had a toll-free telephone number available for prospective resource families and the ultimate placement outcomes linked to the toll-free telephone number. The last segment identifies whether the county conducted specialized recruitment of prospective resource families based on specific categories of children.

Part D – Placement Availability

This section is intended to identify the degree of difficulty in finding resource family placements for specific categories of children. The first segment is intended to identify the availability of placements for specific categories of children. The intent of the next segment is to identify the reasons why some licensed resource families chose to no longer accept placements. The final segment is intended to identify the number of resource families licensed and the reason(s) why the county did not make placements with them.

Part E – Training Provided For Resource Families

This section is intended to gather information regarding the extent of training the county offered to resource families. The first segment is intended to identify the number of hours the county provided for pre- and post- service training that was **NOT** provided by community colleges and was in **ADDITION** to the statutorily required amount. This segment also provides an example to clarify that the calculation of hours reported is not to include hours multiplied by: (1) the frequency of the training when it occurred in various months in the SFY; and/or (2) the number of families who received the training in the SFY. The second segment is intended to identify the training providers the county used to conduct the pre- and post- service training. The third segment identifies whether or not the county designated staff to recruit trainers to provide pre-and post- service training and the hours spent on these efforts. The last segment is intended to identify the availability of child care for resource families that participated in pre- and post- service training, and the funding sources that paid for the child care.

Part F – Respite Care Programs Utilized By Resource Families

This section is intended to identify if any respite care funds were provided to resource families and, if so, the specific funding source.

Part G – County Goals For Resource Family Recruitment and Retention

This section is intended to identify whether the county had specific goals for the recruitment and retention of resource families and/or activities in place to improve efforts in these areas.

Part H – Resources To Enhance Resource Family Recruitment, Training and Retention

This section is intended to gather information regarding the specific efforts the county employed to improve their recruitment, training and retention of resource families and the collaborative organizations involved in these efforts.

Part I – General Comments

This section provides the county an opportunity to convey additional comments.

Part J – Submission/Authorization Signatures

This section is intended to ensure that information is shared with collaborating partners, the Foster Parent Education Coordinator and the Foster Parent Advisory Committee, when completing the Report.

- ✓ ***Submitting Online:*** Counties must not submit the online Report until the signatures of the collaborating partners have been obtained. It is also necessary for counties to mail a hard copy of the signature page only (Part J, last page of the Report) that includes all three required signatures to the CDSS CYPB address below.
- ✓ ***Mailing Hard Copy:*** For those counties that are not able to submit the Report online, they must mail the entire hard copy version of the Report with all three signatures to the CDSS CYPB address below.

**California Department of Social Services
Child and Youth Permanency Branch
Recruitment Network Development Unit
744 P Street, MS 14-78
Sacramento, California 95814**

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CHILD AND YOUTH PERMANENCY BRANCH**

**RESOURCE FAMILY RECRUITMENT, TRAINING
AND RETENTION ANNUAL YEAR-END REPORTING TOOL
STATE FISCAL YEAR [SFY] 02/03
(JULY 1, 2002 THROUGH JUNE 30, 2003)**

COUNTY:	_____	COUNTY CODE:	_____
NAME OF PERSON COMPLETING REPORT: _____ <i>(Please print.)</i>			
TITLE: _____			
TELEPHONE: _____			
FAX: _____			
E-MAIL ADDRESS: _____		DATE COMPLETED: _____	

REPORT STARTS HERE



This Report reflects significant revisions to last year's Report. Please read the "Instructions" prior to completing this Report.

PRELIMINARY SCREEN

Did your county conduct recruitment, training or retention activities for resource families during July 1, 2002 through June 30, 2003 (SFY 02/03)?

<input type="checkbox"/>	YES	Check the box in front of "YES" and go to Part A, Question 1 to complete the Report.
<input type="checkbox"/>	NO	Check the box in front of "NO" and go to Part J for submission and required signatures.

PART A – RECRUITMENT, TRAINING AND RETENTION FUNDING SOURCES FOR RESOURCE FAMILIES

1. Indicate the total amount your county **ACTUALLY EXPENDED** for the recruitment, training and retention of resource families in SFY 02/03 from **EACH** of the following funding sources. If you did not expend funds from the source, please enter zero. Include both your State and Federal matching funds, if applicable.

Funding Source	Amount Expended
Assembly Bill 2129	\$
Special Training for Adoptive Parents (STAP)	\$
Options for Recovery (OFR)	\$
Kinship Emergency Funds	\$
Public Grants	\$
Private Grants	\$
Foundation Grants	\$
County Only Funds (Non-County Match Funds)	\$
Other (Specify Source)	\$
	\$
	\$
	\$
TOTAL	\$

NOTE: DO NOT REPORT SCIAP FUNDS FOR THIS QUESTION. SCIAP Funds are reported on the SCIAP Expenditure Report and SCIAP data will be compiled by CDSS from that source.

2. How many resource families did your county sponsor FINANCIALLY to attend resource family recruitment, training and retention events in SFY 02/03?	Number of Families
3. How many resource families used Kinship Emergency Funds in SFY 02/03?	Number of Families

PART B – STAFF DESIGNATED TO RECRUITMENT OF RESOURCE FAMILIES

4. Indicate the total number of staff and their total respective work *HOURS PER WEEK* for *EACH* applicable job type designated for the recruitment of resource families in SFY 02/03.

Job Type	Number of Staff			Total Number of Staff Hours per Week for Recruitment		
	County Staff	Contract Staff	Volunteer Staff	County Staff	Contract Staff	Volunteer Staff
Analyst						
Clerical Worker						
Eligibility Worker						
Licensing Worker						
Licensing Social Worker						
Management/Supervisor						
Marketing Associate						
Program Specialist/Marketing						
Program Specialist/Recruiting						
Resource Family Recruiter						
Social Worker						
Others (Specify)						
TOTAL						

NOTE: If hours per week vary for a staff person, use a weekly average. (Hours per week should not be more than 60 hours* multiplied by the “Number of Staff” in the “Total” Row.)

*60 hours (40-hour work week and up to 20 hours overtime) was determined to be the maximum number of hours that one individual could reasonably work in a week.

5. Did your county have bilingual staff available for the recruitment of resource families in SFY 02/03?

	YES	Check the box in front of “YES” and continue to Question 5a.
	NO	Check the box in front of “NO” and go to Part C, Question 6.

5a. If you checked “YES” to Question 5, indicate the languages of fluency of the bilingual staff. Check all that apply.

Non-English Languages	Languages of Bilingual Staff
Arabic	
Cambodian	
Chinese/Cantonese	
Farsi	
French	
Russian	
Spanish	
Tagalog	
Vietnamese	
Other Non-English (Specify)	

PART C – RESOURCE FAMILY RECRUITMENT METHODS

6. Indicate ***EACH*** recruitment method employed by your county and its effectiveness to recruit resource families in SFY 02/03. If the category did not apply in your county, check “Not Applicable.”





Recruitment Methods	Not Applicable	Least Effective	Effective	Most Effective
Brochures				
Billboards				
Celebrations				
Event Booths				
Internet				
Magazine Advertisements				
Movie Theater Advertisements				
Newspaper Advertisements				
Presentation to Local Organizations (Non-Faith-Based Organizations)				
Presentation to Local Faith-Based Organizations				
Promotional Supplies (Magnets, Calendars, Pens, etc.)				
Radio Advertisements				
Resource Parent Incentive-Based Referrals				
Television Advertisements				
Other Resource Families/Friends				
Other (Specify)				

7. Did your county operate a toll-free telephone number to receive calls from prospective resource families in SFY 02/03?

YES	Check the box in front of “YES” and continue to Question 7a and 7b.
NO	Check the box in front of “NO” and go to Question 8.

7a. If you answered “YES” to Question 7, provide the toll-free telephone number then continue to Question 7b.	Toll-Free Telephone Number
	() -

7b. Indicate the number of toll-free telephone calls received from prospective resource families and the number of applications, licenses, and placements that resulted from these calls in SFY 02/03.

Number of Calls from Prospective Resource Families 	Number of Applications from Prospective Resource Families 	Number of Prospective Resource Families that Became Licensed 	Number of Prospective Resource Families that Subsequently Received Placements 
→	→	→	

8. Did your county conduct *SPECIALIZED* recruitment specific to *EACH* of the categories of children below in SFY 02/03?
You must check either “Yes” or “No” to all below.

Categories	Yes	No
<i>Infants (Birth to Age 5)</i>		
Infants		
Infants with Physical Disabilities		
Infants with Psychological/Mental Disabilities		
Infants Born Substance Exposed		
<i>Children (Age 6 to 12)</i>		
Children		
Children with Learning Disabilities		
Children with Physical Disabilities		
Children with Psychological/Mental Disabilities		
Children with Substance Abuse		
<i>Adolescents (Age 13 to 15)</i>		
Adolescents		
Adolescents with Learning Disabilities		
Adolescents with Physical Disabilities		
Adolescents with Psychological/Mental Disabilities		
Adolescents with Substance Abuse		
<i>Youth (Age 16 to 18)</i>		
Youth		
Youth with Learning Disabilities		
Youth with Physical Disabilities		
Youth with Psychological/Mental Disabilities		
Youth with Substance Abuse		
<i>Pregnant and/or Parent Adolescents/Youth</i>		
Adolescent/Youth with Child		
Pregnant Adolescent/Youth		
<i>Miscellaneous</i>		
Neighborhoods with High Child Welfare Services Entry Rates		
Sibling Sets		
<i>Other (Specify Below)</i>		

PART D – PLACEMENT AVAILABILITY

9. Indicate the difficulty your county experienced in placing *EACH* of the following categories of children in SFY 02/03.
If the category did not apply in your county, check “Not Applicable.”

Categories	Not Applicable	Most Difficult	Difficult	Least Difficult
<i>Infants (Birth to Age 5)</i>				
Infants				
Infants with Physical Disabilities				
Infants with Psychological/Mental Disabilities				
Infants Born Substance Exposed				
<i>Children (Age 6 to 12)</i>				
Children				
Children with Learning Disabilities				
Children with Physical Disabilities				
Children with Psychological/Mental Disabilities				
Children with Substance Abuse				
<i>Adolescents (Age 13 to 15)</i>				
Adolescents				
Adolescents with Learning Disabilities				
Adolescents with Physical Disabilities				
Adolescents with Psychological/Mental Disabilities				
Adolescents with Substance Abuse				
<i>Youth (Age 16 to 18)</i>				
Youth				
Youth with Learning Disabilities				
Youth with Physical Disabilities				
Youth with Psychological/Mental Disabilities				
Youth with Substance Abuse				
<i>Parent and/or Pregnant Adolescents/Youth</i>				
Adolescent/Youth with Child				
Pregnant Adolescents/Youth				
<i>Miscellaneous</i>				
Neighborhoods with High Child Welfare Services Entry Rates				
Sibling Sets				
<i>Other (Specify Below)</i>				

10. Indicate the total number of licensed resource families that opted to no longer accept placements in SFY 02/03.	Number of Families

10a. Indicate the reasons why the licensed resource families in Question 10 decided to no longer accept placements and the number of families that specified *EACH* reason. If a family reported multiple reasons, include that family in the count under the “Number of Families” column for *EACH* reason the family reported.

Reasons Resource Families No Longer Accepted Placements	Number of Families
<i>Child-Related Circumstances</i>	
Adoption	
Entered into Guardianship	
Reunification with Parents	
<i>Resource Family-Related Circumstances</i>	
- Case Management	
- Community Care Licensing Requirements	
- Lack of Child Care/Respite Care	
- Lack of Communication	
- Lack of Support	
- Lack of Training	
- Lack of Transportation	
- Moved Out of County	
- Moved Out of State	
- Rates Too Low	
- Social Worker-Related	
- System is Overwhelming	
<i>Other (Specify)</i>	

11. Indicate the total number of licensed resource families that did not receive placements from your county based on the county’s decision not to place any children with the family in SFY 02/03.	Number of Families

11a. Of the number of licensed resource families indicated in Question 11, provide the number of resource families who did not receive placements for *EACH* of the reasons that apply.

NOTE: The cumulative total for all reasons cited below must equal the total provided in Question 11.

Reason	Number of Families
Administrative Decision (Non-Licensing Issue)	
Location of Home Too Remote to Access Necessary Resources (Transportation, Medical Care, Educational Needs, etc.)	
Unable to Match the Child's Needs	
Other (Specify)	
Total (Equal to Question 11)	

PART E – TRAINING PROVIDED FOR RESOURCE FAMILIES

12. Indicate the *ADDITIONAL* number of training hours your county offered to resource families in SFY 02/03 that *EXCEEDED* the statutorily required 12 pre- and 8 post- service training hours. *DO NOT INCLUDE TRAINING PROVIDED BY COMMUNITY COLLEGES.*

Example: Your county offered 20 pre- and 12 post- service training hours to EACH resource family during SFY 02/03.

Based on this example, your answer for the entire SFY would be 8 pre- and 4 post- service training hours.

Note: The total number of hours offered that *EXCEEDED* the statute is *NOT* calculated using a cumulative total resulting from the number of times the same training hours were offered and/or the number of resource families who received the training.

Training Description	Number of Hours Exceeding Statutory Requirement
Pre-Service Training Hours Exceeding the 12-Hour Requirement	
Post-Service Training Hours Exceeding the 8-Hour Requirement	

**13. Identify the providers that conducted the pre- and/or post- service training that was reported in Question 12.
DO NOT INCLUDE TRAINING PROVIDED BY COMMUNITY COLLEGES.**

(Please Print or Type Below)

Name of Provider	Contact Person	Telephone Number	E-Mail Address

14. Did your county designate staff to recruit providers to conduct pre- and/or post- service training for resource families in SFY 02/03?

<input type="checkbox"/>	YES	Check the box in front of “ YES ” and continue to Question 14a.
<input type="checkbox"/>	NO	Check the box in front of “ NO ” and go to Question 15.

14a. If you answered “YES” to Question 14, identify the title(s) of staff and indicate the total number of staff and their respective hours designated to the recruitment of providers to conduct pre- and/or post- service training for resource families in SFY 02/03.

(Please Print or Type Below)

Indicate Title	Number of Staff	Total Number of Staff Hours Designated for Recruitment of Pre- and Post-Service Training Providers in SFY 02/03

15. Was child care available to resource families attending training in SFY 02/03?

YES	Check the box in front of “YES” and continue to Questions 15a and 15b.
NO	Check the box in front of “NO” and go to Part F, Question 1.

15a. If you answered “YES” to Question 15, indicate the training segment(s) where child care was available.

Training Category	Yes
Child Care Available for Pre-Training Only	
Child Care Available for Post-Training Only	
Child Care Available for Both	



NOTE: You should have only checked one of the boxes above.

**15b. If you answered “YES” to Question 15, indicate the funding source(s) of the child care.
Check all that apply.**

Funding Source	Check Box
County Only Funds	
Unified School District Grants	
Resource Family Associations	
Foundation Grants	
Resource Family Volunteers	
Other (Specify Sources)	

PART F – RESPITE CARE PROGRAMS UTILIZED BY RESOURCE FAMILIES

16. Was respite care provided to resource families in your county in SFY 02/03?

YES	Check the box in front of “YES” and continue to Question 16a.
NO	Check the box in front of “NO” and go to Question 17.

16a. If you answered “YES” to Question 16, indicate the funding source(s) of respite care provided by your county in SFY 02/03. Check all that apply.

Funding Source	Check Box
Specialized Care Incentive and Assistance Program (SCIAP)	
Special Training for Adoptive Parents (STAP)	
Options for Recovery (OFR)	
Other (Specify)	

PART G – COUNTY GOALS FOR RESOURCE FAMILY RECRUITMENT AND RETENTION

17. Did your county have goals in place to measure the success of your *RECRUITMENT* efforts for SFY 02/03?

<input type="checkbox"/>	YES	Check the box in front of “YES” and continue to Question 17a.
<input type="checkbox"/>	NO	Check the box in front of “NO” and go to Question 18.

17a. If you answered “YES” to Question 17, please indicate the goals. Check all that apply.

Goals	Check Box
Conduct Mentoring Programs	
Create Resource Family Database (Mailings, Training Opportunities, etc.)	
Establish Recruitment Campaigns	
Expand Community Outreach and Media Usage	
Increase Number of Licensed Resource Family Homes	
____ Up to 10% ____ 11 to 25% ____ Over 25%	
Track Number of Active Resource Families through Resource Family Database	
Other (Specify)	

18. Did your county have goals in place to measure the success of your *RETENTION* efforts for SFY 02/03?

<input type="checkbox"/>	YES	Check the box in front of “ YES ” and continue to Question 18a.
<input type="checkbox"/>	NO	Check the box in front of “ NO ” and go to Part H, Question 19.

18a. If you checked “YES” to Question 18, please indicate the goals. Check all that apply.

Goals	Check Box
Conduct Advisory Board Meetings to Resolve Issues	<input type="checkbox"/>
Conduct Resource Family Retention Meetings to Discuss Retention Strategies	<input type="checkbox"/>
Conduct Resource Family Training/Initiate Self Directed Training	<input type="checkbox"/>
Create Resource Family Centers (Videos, Books, Resource Materials, etc.)	<input type="checkbox"/>
Establish Resource Family Appreciation events	<input type="checkbox"/>
Establish Resource Family Support Groups	<input type="checkbox"/>
Maintain or Decrease the Number of Licensed Resource Family Homes that No Longer Accept Placements: ___ Maintain Current Level of Homes ___ Decrease Loss Up to 10% ___ Decrease Loss 11 to 25% ___ Decrease Loss Over 25%	<input type="checkbox"/>
Provide Resource Family Retention Reports that Identify Issues	<input type="checkbox"/>
Share information through Resource Family Newsletters	<input type="checkbox"/>
Track Number of Active Resource Families through Resource Family Database	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

PART H – RESOURCES TO ENHANCE RESOURCE FAMILY RECRUITMENT, TRAINING AND RETENTION

19. Did your county have a resource family mentoring program in place in SFY 02/03?

<input type="checkbox"/>	YES	Check the box in front of “ YES ” and continue to Question 19a.
<input type="checkbox"/>	NO	Check the box in front of “ NO ” and go to Question 20.

19a. If you answered, “YES” to Question 19, indicate the number of resource family mentors in your county’s mentoring program in SFY 02/03.	Number of Mentors
	<input type="text"/>

20. Indicate how your county collaborated with resource family organizations and colleges to improve recruitment, training and retention efforts in SFY 02/03. Check all that apply.

Description of Action	Check Box
Conduct Advisory Board Meetings with Community Colleges	
Conduct Focus Groups	
Conduct Training Workshops	
Create Newsletters regarding Resource Family Training and Resource Information	
Create Resource Family Centers (Videos, Books, Resource Materials, etc.)	
Establish Event Booths	
Other (Specify)	

21. Identify the resource family organizations and/or the resource family chapters of organizations that operated in your county for SFY 02/03.

(Please Print or Type Below)

Organization Chapter Name	Contact Person	Telephone Number	E-Mail Address

PART I – GENERAL COMMENTS (OPTIONAL)

Please provide any additional comments.

(Please Print or Type Below)

End of Report

Thank You

GO TO PART J FOR INSTRUCTION ON HOW TO SUBMIT REPORT

PART J – SUBMISSION/AUTHORIZING SIGNATURES

RETURN BY OCTOBER 31, 2003

ENTIRE SUBMISSION BY MAIL



- ✓ YOU HAVE COMPLETED THIS HARD COPY VERSION OF THIS REPORT BECAUSE YOU WERE NOT ABLE TO COMPLETE THE ELECTRONIC ONLINE VERSION. YOU MUST MAIL A HARD COPY OF THE ENTIRE REPORT TO THE ADDRESS SPECIFIED ON THE NEXT PAGE WITH ALL THREE REQUIRED SIGNATURES.

SIGNATURE PAGE

RESOURCE FAMILY RECRUITMENT TRAINING AND RETENTION ANNUAL YEAR-END REPORTING TOOL SFY 02/03

Mail to:



California Department of Social Services
Child and Youth Permanency Branch
Recruitment Network Development Unit
744 P Street, MS 14-78
Sacramento, California 95814

AUTHORIZATION SIGNATURES (All Three Required)

County of _____

1. Signature: _____
County Welfare Director

Collaborating Partners

2. Print Name: _____

Signature: _____

Foster Parent
Education Coordinator

3. Print Name: _____

Signature: _____

Foster Parent
Advisory Committee Representative